should state of OCCUPA-

PHYSICIANS

EXACTLY.

stated

plnods

properly classified.

certificate.

See instructions on back

DEATH in plain terms, so that it may supplied.

mation-should be carefully

CAUSE

-WRITE PLAINLY.

ż

TION is very important.

(Address)

(Address)

18. BURIAL,

19. UNDERTAKER

20. FILED

Exact statement

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1)
County Howards.	Registration Dist. No. 193
Village or City of law Africayo.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence of city or town where death occurredyrs.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME // (argary sect	el pe Laudel
(a) Residence: No. Tof Alex Sommas. (Usual place for abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
.5a. If married, widowed, or divorced HU3BAND of	22. A 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	193/ to Debt 9 1032
6. DATE OF BIRTH (morth da andreadly 26, 1872)	Rest sew her alive on Dept 9 193 7 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at //, 30 f.m.
60 # 0 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Chreme Vorsoning Seff 8
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	<i>y</i> /
10. Date deceased last worked at this occupation (month end / 926 spent in this occupation occupation this occ	
12. BIRTHPLACE (city or town) Affacty lated.	Other Contributory Canses of importance: Reparities 1930
13. NAME ludger M. Do Landles	generis Selvans 1930
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN MANE augaset & Ken	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country /// ally rated.	Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

ture of injury	_
Was disease or Injury In any way related to occupation of decased?	

If so, specify (Signed)

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritism	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

REN.

4

(State or country) 12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(Informant)

Filed

(State or Country

(Address)

PLACE OF DEATH County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 193
Village or City Popular Spring  2FULL NAME Nellie 2,	St.: Ward)  St.: Ward)  OSSEL  (If death occurred a hospital or instit tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE B SINGLE, MARRIED, MANUAL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from Section 198 1 to Wild 198 that I last saw here alive on any 2 5, 1922
Tage about 57 yrs. mos. ds. lfLESS than I day hrs. or min.	
(a) Trade, profession or particular kind of work  (b) General nature of industry	with metastohis
business, or establishment in which employed or (employer)	(Duration)yrsmosd
9 BIRTHPLACE (State or country) Maryhund 10 NAME OF FATHER Frank Grown	Contributory Secondary  (Durstien)  (Signed)  (Signed)  (M. I

\*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the of death .....yrs......mos. Where was disease contracted,

if not at place of death?. Former or

usual residence

Registrar

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more process of minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISE EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature 10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage Chronic " "Old Age, " "Shock," etc. valvular heart The contributory Always qualify all not be disease; as

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

certificate.

TION is very important. See instructions on back of

N. B.

# 09981 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	701
County Assalls	Registration Dist. No. 474
Village or City Way lote	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Just W. Nown	
(a) Residence: No. (J. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Worth) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Council of WIFE of	22.   1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) & au. 25 1848	1 light saw hem alive on sight 26, 193 7; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11
84 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Supporte Coma from
SAWYER, BOOKKEEPER, etc.	In Paranelymators perfected 1 mult
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	once efugo.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year) occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	my abrular Christian of Theart - Heart
E	
4. BIRTHPLACE (city or town)  (State or country)	Name of operation Dato of
	What test confirmed diagnosis? Was there an autopsy?
H The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
20. 0 ( 01-00	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MO Custon rul	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Marks Cerus Dato 9-24, 1934	Nature of injury
19. UNDERTAKER TO July whater	24. Was disease or injury in any way related to occupation of depeased?
(Address), Elevent Sety mel	If so, specify
20. FILED Seph 29 1932 of a miles	(Signed) Ufle Chot M. D.
Registrar.	(Address) Clasksrelle )nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Howard	Registration Dist. No. 191
Village or City Rockland	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Firederick Skyl	e e De le le
(a) Residence: No. Nockland How	Co Ward Mad
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wall  Male  Male  Manuel	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ida May Hemp	22. I HEREBY CERTIFY. That I ettended deceased from  19 32 to Self 24 19 32
6. DATE OF BIRTH (month, day, and year) Aud. 2.9. 18 77	I last say h Amelive on Dept Ded , 1932; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 730.P.m.
33 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Treda, profession, or particular Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
Industry or business in which	Mome Myscardilles ?
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (morth and spant in this spant in this	
year) - flyt- 1.7-29-   occupation - Mark-	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Aledakrake (State or country)	Putan Sman
13. NAME OFFICE SELECTION OF THE PROPERTY OF T	www.scoares ;
The state of the s	1. Ampulation () ly 1/100 32
(Stata or country)	What test confirmed diagnosis? Note Was there an autopsy? No
15. MAIDEN NAME Jarah Raite	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) It realistick	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manyland	Where did injury occur?
17. INFORMANT Sala May Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Johnson Cempate Sept #19.32	Nature of injury
19. UNDERTAKER Easton Lungly (Address)	24. Was diseasa or injury in any wey related to occupation of decaased?
20, FILED LED 27 1932 WH Filesell	(Signed) alychan Merker M.D.
Registrar.	(Address) I allest en made
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		and the second	

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
• 9			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH	63
1. PLACE OF DEATH	940	09
County Howard	Registration Dist. No.	0
Village or City tellandee hd.	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Length of residance in city or town where daath occurred	How long in U.S. if of foreign blrth?yrsmos	ds.
2. FULL NAME JOHN 6	phres.	
(a) Residence: No.	St., Ward.	
(Ususiplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	le
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the syord)	1. DATE OF DEATH SET . 22 29	2
5a. If married, widowad, or divorced.	(Month) (Day)	(Year)
HUSBAND of (ar) WIFE of -	22. I HEREBY CERTIFY, That I attended dece	eased from
Allee of umplifies	19.29, to Sepa->2	. بحرکيور
6. DATE OF BIRTH (month, day, and year) July 14 1870	I last saw h Mu alive on Say 77. 1932; di	aath Is sáid
7. AGE Years Month's Days If LESS than	to have occurred on the date stated abova, at	
62. 7 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	1 1 1
8. Trada, profassion, or particular kind of work done as SPINNER P	angine becliving with	ate of onset
kind of work done, as SPINNER a evin 1 6 omm sospeole	ruya culorlis - and decompensation.	1928
Kind of work done, as SPINNER a curing to some Stage of the SAWYER, BOOKKEEPER, etc. a curing to some Stage of the same of the		
10. Date deceased last worked at 11. Total time (years)		
O 10. Date deceased last worked at this occupation (month and yaar) occupation occupation		
0.1	Othar Contributory Causes of importance:	F and -
12. BIRTHPLACE (city or town) / block mond of a -	Strute Chalecypletis - week	2-131 1-32
13. NAME Colu. Lumbbries -	Caro a harman	(44.7 ) 2.
14. BIRTHPLACE (city or town)		3277
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	No
15. MAIDEN NAME (Plasito, Moure 9	What test confirmed diagnosis? Was there an autop	psy?
<u> </u>	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide?  Date of injury	
O 16, BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury  Where did injury occur?	., 19
mon Tolol. There I sign	(Specify city or town, county and State)	
17. INFORMANT (Address) & In was a sum planels)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place trace gon Elfredge, Data 9/24/ 1932.	Nature of injury	
19, UNDERTAKER Sederick Tell.	24. Was disease or injury in any way related to occupation of daceased?	)
(Address) Elfred ge, md-	If so, specify	
10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signad) IFEdera U. / Leeller	M. D
20. FILED 29 19 Regiltrar.	(Address) Palar - Md.	
If more blambs are model address Son Division	N. Chala San B. L. B. and C. N.	

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To be complete, an occupation return must state: America a second

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	1 436 20	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Sealty along and and	Fragment are as a real annual as a second	

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state 1. PLACE OF DEATH pluods County Village or City Length of residence in city or town where death occurred. PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) 5a. If married, widowed, or divocced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the data stated above, ak. 1 dey .\_ O \_\_\_ hrs. or \_ Q \_ min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ..... 9. Industry or business in which work was done, as SILK MILL, back SAW MILL, BANK, etc .... on Data deceased last worked at 11. Total time (years) this occupation (month and occupation \_ instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town)\_ (State or country) MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?\_\_\_\_ 17. INFORMANT very (Address) 18. BURIAL, CREMATION. Manner of injury -WRITE CAUSE TION Nature of injury. 19. UNDERTAKER (Address If so, specify (Signed).

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. \_\_\_\_ds. How long In U.S. If of foraign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceesed from The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of enset ---- Was there an autopsy?--What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased? (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) \_yrs.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. Length of residence in city or town whele death occurred 2. FULL NAME (a) Residence: Np. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (rugite the word) Dun (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days If LESS than 7. AGE Years Months to have occurred on the date stated above, at \_\_\_\_\_m 1 day, \_ \_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or Q min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... Jd. Dato deceased last worked at \ 11. Total time (years) this occupation (month and spent in this year) occupation \_\_\_ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation \_\_\_\_\_ (State or country) What test confirmed diagnosis? \_\_. Was there an autopsy? HER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify .. 20. FILED. Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Stoward.	Registration Dist. No. /9/
Village or City Elleath Cely	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME UMA L. Malx	
(a) Residence: No. Elleral City	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR, OR, MACE/   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Kureale White Divorced (frice the world)	21. DATE OF DEATH  (Mo(th) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22.   1 HEREBY CERTIEY, That J attended decaased from
(or) WIFE of Marley L. Traff.	anualy 1930 to Sept 13 1932
6. DATE OF BIRTH (month, day, and year) 20, 1870	I last (saw h. M. alive on Defat 13 1, 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state abova, at 125 Asm.
6/ 1/1 24, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and this pocupation that the profession that the	Carcinoma 1 veterio 1996?
9 Industry or business in which	1200000 1121.
work was done, as SILK MILL, SAW MILL, BANK, etc	
O Date deceased last worked et this occupation (month end)	,
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) / lary kauge	Crosion into iliac
13. NAME Marting / Traff,	- rein
14. BIRTHPLACE (city or town)	Name of operation Data of 1931
(State of Sedicity)	What test confirmed diagnosis? Ville Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
17. INFORMANTHES. W. E. Thompson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	
Place Af. Johns Cly, Date Supt. 15, 19.32	Nature of injury
19. UNDERTAKER / Caston Down	24. Was disease or Injury in any way related to occupation of deceased?
(Address) / Elleant city Mills	If so, specify
Walk and Call Control	City San Market
20. FILED Sept 19 3 2 With Frisell Registrar.	(Signed) Alphan Herbert M.D.  (Address) Policott City and

trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis · · · ·	3 days ago
NURSED V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARYLAND—CERTIFICATE OF DEATH	11
EATH	<u> </u>	
ward	Registration Dist No.	/

1. PLACE OF DEATH			10.1
County Howard		Registration Dist. No.	191
Village or City Ellicatt City	K.G.F. D	No. 3  St., death occurred in a hospital or institution, give its NAME instead of street to	Ward number)
Length of residence in sity or town where deeth occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Donald Leto	y Fla	Wellex	
(a) Residence: No. Clicatt Lity (Usual place) of ab	ode)	/St., 3 Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	Н
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED OR DIVORCED (w	vrite the word)	21. DATE OF DEATH  Sept. 30 (Month) (Day)	), 193 ZJ (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I etten	
sull both or	1/LESS then day,hrs.	I last saw helive on	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	this 7	Still-bom (9m	00-/
12. BIRTHPLACE (city or town) followath Octy (State or country) 7, 43 200		Other Contributory Causes of Importence:	
13. NAME Harry B. Ledle	ther		
4 14. BIRTHPLACE (city or town) Transferma	10.	Name of operation	-
15. MAIDEN NAME DENGLE A HOLD  16. BIRTHPLACE (city or town) Annahum  (State or country) Senses  17. INFORMANT A HOLD BY		What test confirmed diagnosis?	owing:
		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale); PLACE.
Place St. Johns Compate Oak	1.1,19.32	Manner of injury	
19. UNOERTAKER Eastern Sons! (Address) Educatt City)	nd.	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	1
20. FILED Clot 1 , 19 \$ 2 W 1 & Lase	Registrar.	(Signed) (Address) Thereof Sur	M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County

HUSBAND of

(or) WIFE of

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

13. NAME

17. INFORMANT. (Address)

19. WNOERTAKER

(Address)

V. S. No. 1

m

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) ... Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	82-0
of of of	County Stoward	Registration Dist. No. 194
item of should of OCC	Village or City Lempsonville	No. St., Ward death occurred in a hospitafor institution, give its NAME instead of street and number)
> 00 -		ds. How long In U.S. if of foreign birth?yrs,mosds.
Every SIANS ement	2. FULL NAME LEVERE My er	0.
CORD. Every PHYSICIANS ict statement	(a) Residence: No. Suffy Soundle (Vayal place of abode)	St., Ward.  If nonresident give city or town and State
RECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (Africe the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ANE ACT ssifted	5a. If married, widowed, or divorped HUSBAND of (or) WIFE of  August  Muleus	22. I HEREBY CERTIFY, That I attended daceased from
	6. DATE OF BIRTH (month, day only sea (1859)	Hast saw plane alive on Sell 7 198 2 death is sald
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.45 Azm.
IS A stated proper ertific	73   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
HIS I be si be p	8. Trede, profession, or particular kind of work done, as SPINNER, Farmer. SAWYER, BOOKKEEPER, atc.	Content Henorstage Marit
vK—T] should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	
INK S sh t it on	10. Date deceased lest worked et this occupation (month and year)	
NFADING I oplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
AD ed. s, s	(State or country)	With the second second
UNFA supplied a terms, ee instr	13. NAME Unknown	
la si	13. NAME  14. BIRTHPLACE (city or town)	Neme of operation
TI II	(State of Country)	What test confirmed diagnosis? Was there an eulopsy?
, 5 4	15. MAIDEN NAME COLORS  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
Ca TTH por	16. BIRTHPLACE (city or town (State or country)	Accident, suicida, or homicida?
PLAINLY, hould be can OE DEATH very import	17. INFORMANT Walter D. Myers, (Address) Charles D. Myers,	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
	Place Aug June 1935	Nature of injury
Mation CAUSH	19. UNDERTAKER Laston Sous (Addiess) Eslevist City	24. Wes disease or injury In any way related to occupation of deceased?
N. B.	20. FILED Sleph 3, 1932 Sa Registrar	(Signed) & Kichel M. D.  (Address) Clarkanle Sud
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborcr" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUUSAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	i die
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WILL TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Howard	Registration Dist. No. 195
Village or City Savoes	No. St., Ward
Length of residence in city or town where death occurred yrs, mos.  2. FULL NAME	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Set 27 (Day) 193 3 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Picket  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than 1 day, 1 hrs. or 1 day, 1 hrs.	22. I HEREBY CERTIFY. That attended deceased from 1932, to 27, 1932.  I last saw here alive on 1932; death is said to have occurred on the date stated above, at 10 0. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Houseless.  SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Self inflicted. Suicida 9/2732
12. BIRTHPLACE (city or town) (State or country)	Myrcarditis. 6/1/32
14. BIRTHPLACE (city or town) Va, (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Us.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? ————————————————————————————————————
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Curaty Date 9 29 32, 19	Manner of injury  Nature of injury
19. UNDERTAKER W. C. White & Cy. Inc. (Address) Lamel, With.  20. FILED 9 127 132, 19 Manholipley Resultrat.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)
16 mars black and all Star British	NOLLS PLEE

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows; of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

jo

19. UNDERTAKER

(Address)

20. FILED De A

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Howard Co.	Registration Dist. No. 191
Village or City Woodstock	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs mos.  2. FULL NAME Verromanne 9. Pro	
(a) Residence: No. Worlshak (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  **Married**	21. DATE OF DEATH Stember 10 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Webster Pratt.	22. J HEREBY CERTIFY That I attended deceased from September 1, 19 32, to September 1, 19 3 2
6. DATE OF BIRTH (month, day, and year) Sept 22 1906	t last yaw h LV alive on Sept 09, 19.32, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in this security spent in this securation (month and spent in this spent in this security spent in this spent in this security spent in this	Pulmonary Tuberculoses
10. Date deceased last worked at this occupation (month and year)	Other Coutributery Causes of importance:
12. BIRTHPLACE (city or town) Ballimore (State or country) Mal.	Other Courses of Importance:
13. NAME Caul a Boerschel.	
13. NAME au Bolrschel,  14. BIRTHPLACE (city or town) fermany (State or country)	Name of operation Date of What test confirmed diagnosis? Thy settled Signal Was there an autopsy? May
15. MAIDEN NAME mary as Walter.	23. If death was due to external causes VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary de Walter.  16. BIRTHPLACE (city or town) Baltimore (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary C. Boerschel. (Address) Wood Stock	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Park Date Sept 13, 1932	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

certificate.

V. S. No. 1

AGE should be

STATE OF MARTLAND	CERTIFICATE OF DEATH 19993
1. PLACE OF DEATH	103)
County Nocerail	Registration Dist. No. 191
Village or City Selecial Cely	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	4 ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Mergaret I Seat	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HU3BANO of	(Month) (Oay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended decased from
6. DATE OF BIRTH (month, day, and wear 1 1 1 9 1932	I last saw h. A. alive on Say 2 1982 death is said
7. AGE Years   Months Oays If LESS than	to have occurred on the date stated above, at 3, 20 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or noticular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  LO LLE	Jobai neumona 83/33
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oata daceasad last worked at this occupation (month and year) year)  Occupation	
12. BIRTHPLACE (city or town) Mary laced.  (State of country)	Other Contributory Causes of Importance:
13. NAME COLLEGIC AGODY.  14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Thysical Was there an autopsy? 10
15. MAIOEN NAME LECCO Scaldwin  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicida, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT William Lady (Address) Eller Celer	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ce. Jose 3, 19 3	Mannar of injury
19. UNDERTAKER Easton Sons	24. Was disease or Injury in any way ralated to occupation of deceased?
(Address) alleast (1)	If so, specify The Share the sales that
20. FILED LED S 1007 L WY Missell	(Signed) M. O.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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County Howard		Registration Dist. No. 191				
Village or C	ity Alberton				or institution, give its NAME instead of street as	Ward
					or institution, give its NAME instead of street as U.S. if of foreign birth?yrs	
	ME Frank Ju		100		S	
				01 1/- 1		
(a) Residen	ce: No.	(Usual place of	f abode)	St.,Ward.	If nonresident give city or town	and State
	AL AND STATIST				AL CERTIFICATE OF DEATH	ł
Male	4. color or race White	5. SINGLE, MARR	IED, WIDOWED, write the word)	21. DATE OF DE	9-2-32 (Month) (Day)	, 193 (Year)
Ta. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	(17)	)		EBY CERTIFY, That I attend	
S. DATE OF BIRTH	(month, day, and year) M8	arch 13	1897	l last saw h aliv	ve on, 19	; death is sal
7. AGE Yea		Bays	If LESS than		date stated above, atm.	
	35 \$ 5	1521	1 day,hrs. ormln.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related causes of importance	Date of onse
8. Trade, profe	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc					
SAWYER	BOOKKEEPER, etc	surcher		Stranglat	ion	
kind of v SAWYER. 9. Industry or work wa: SAW MIII 10- Date deceas	business in which s done, as SILK MILL, L, BANK, etc	Packing I	louse			
10 Date deceas	ad last worked at	11. Total tin				
year)	pation month and 2	occup	oetion	Other Contributory Cause	es of importance.	
12. BIRTHPLACE (ci	ty or town)Mal	ovłand			of miportance.	
(State of Cour	ntry)	yzana				
13. NAME GE	orge Stapf					
14. BIRTHPLACE	(city or town)	ermany		Name of operation	Dete o	f
(State or				What test confirmed diag	nosis? Was there	en autopsy?
15. MAIDEN NA	ME Unknow!	3		23. If death was due to ext	ternal causes (VIOLENCE) fill in elso the follow	wing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide Suicide — Dete of injury 9-2, 19-3  Where did Injury occur? Alberton, Md  (Specify city or town, county and State)		9-2,19.32		
				State)		
(Address)	Mrs Edith S	Stapf Lcott Cij	k Md	Specify whether injury oc	courred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMAT	Johns Cem.	Date 9-5-	<b>-3</b> 2 , <sub>19</sub>			
19. UNDERTAKER(Address)	F.C. Higinber	thom Jr		24. Was disease or injury	In any way related to occupation of deceased?	<b>→</b>
20. FILED Sef	5 ,19 2 a	H Fris	Sell Registrar.	(Signed) & LLLL (Address)	ind & J. Acting C	oroner

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run-over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	_Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

	V. 5. No. 1	•	JARGIN RESERVED FOR BE	RES	ERVE	9	FOR	BI
ż	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER	WITH	UNFAD	NG IN	K-T'	112	IS N	Y EX
	mation should be carefully supplied. AGE should be stated E	fully s	supplied.	AGE 8	plnous	pe	stated	H
	CAUSE OF DEATH in plain terms, so that it may be properly of	n plain	terms, se	that i	t may	pe	proper	ly c
9	TION is very importa	nt. Se	e instruct	tions on	back	of c	ertifica	ite.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	. 03935
County Howard	Registration Dist. No.
Village or City Maurattarille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Evelyw Willia	une/
(a) Residence: No. Mariottiville	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Def. 23 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lules 19 1911	I last saw h. W. alive on Sept. 73 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 12 m.
2/ 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	P Data of onesat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and the property in this	( ulmonary willess may)
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Voward.  (State or country)	Marshall and the second
13. NAME Ita Williams	Miniothy
13. NAME The Williams  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Organical Dignas there an autopsy? 16
15. MAIDEN NAME Mettie Sarsus  16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)   16. State or country)	Accidant, suicide, or homicide?
0 30.00.	Where did injury occur?
17. INFORMANT Manietts Md	Specify whather injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Date Suff S.J., 19,3 %	Nature of injury
19. UNDERTAKER / LEW you don't have have have have have have have have	24. Was disease or Injury In any way related to occupation of daceased?
Q 11 5 1020 mg (1): 21.11	(Signed) alpha Serbert M. B.
20, FILED DE AND 1993 W 1895 MED LUCE ACTION Registrar.	(Address) Ellievil City Ind
16 mars 11 - 11 - 11 - 12 - 13 - 13	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 Was			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Howard	Registration Dist. No. 194		
Village or City Highland	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos			
2. FULL NAME Infant The			
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  about Sept 3  (Month)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from		
(II) WILL UI	Sept 3 1937 10 Hept 3 1932		
6. DATE OF BIRTH (month, day, and year) with 3 1932	Hast saw hern ative on Sept 3 , 1932; death is said		
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above Alore 20.m.		
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Rate of work done as SPINNER.	Trimature buth at about		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which	therd month of prigrancy		
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  In Bata deceased last worked at this occupation (month and year) year)  Occupation			
had a	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)			
0 0			
E Sall			
[ 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of		
15. MAIDEN NAME Example Thisu	What test confirmed diagnosis? Wes there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Crosse Messe  16. BIRTHPLACE (city or town) M.	Accident, suicide, or homicide? Date of injury, 19		
State or country)	Where did injury occur?		
17. INFORMANT Emma Wish Mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Ukr 16, 1932 Date Grands	Nature of injury		
19. UNDERTAKES NONE	24. Was disease or injury in any way related to occupation of deceased?		
(Addrass)	If so, specify		
20. FILED SIGHTS, 1932 & Wells Registrar.	(Signed) Africant M. D.  (Address) Carllaville Md		
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year